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Jun 20, 2006 8:00 am
Secretary of State
04-24-2006 90363 048 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000166071

1. Entity Name
GABOR ENTERPRISES, INC.

66019848

Principal Place of Business	Mailing Address
2204 JENNIFER LANE VALRICO, FL 33595	2204 JENNIFER LANE VALRICO, FL 33595

04162006 Chg-P CRZE034 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 20-3992759 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MCDERMOTT, MICHAEL J ESQ. 791 W. LUMSDEN RD. BRANDON, FL 33511	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of, my position as registered agent.

SIGNATURE: Randolph S Gabor Randolph S. GABOR PRESIDENT 4-19-06
Signature, type or print name of registered agent and title if applicable — FOR: Registered Agent signature required when reinstating — DATE

FILE NOW: FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D,P GABOR, RANDOLPH S 2204 JENNIFER LN. VALRICO, FL 33595	☐ Delete	☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D,VP GABOR, ROSE M 2204 JENNIFER LN. VALRICO, FL 33595	☐ Delete	☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change	☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with this address, with all other like empowered.

SIGNATURE: Randolph S Gabor 4-19-06 813 376 2608
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #